

The ALOHA Study: Intimate Partner Violence in Hawai'i's Lesbian, Gay, Bisexual, and Transgender Community

Jennifer W.H. Wong MD; Vincent V. La MD; Steph E. Lee DNP; and Shandhini Raidoo MD

Abstract

The Centers for Disease Control and Prevention describes intimate partner violence (IPV) as a serious, preventable problem. The ALOHA (Assessing Lesbian, Gay, Bisexual, and Transgender [LGBT] Violence in Hawai'i) Study examines IPV in Hawai'i's LGBT community. The study's primary outcome is to determine the prevalence of IPV in Hawai'i's LGBT community, and secondary outcomes are to determine the prevalence of help-seeking behavior, associations between IPV and demographics, and associations between help-seeking behavior and demographics.

This cross-sectional study included 477 subjects who self-identified as Hawai'i residents and LGBT. The percentages of overall IPV, physical IPV, and sexual IPV were 68.8%, 54.1%, and 49.3%, respectively. Blacks were most likely to report a history of physical IPV (OR=4.93, 95%CI: 1.95-12.47). Blacks (OR=2.49, 95%CI: 1.13-5.74), Native Hawaiians and Pacific Islanders (OR=2.14, 95%CI: 1.30-3.52), and cisgender females (OR=2.27, 95%CI: 1.29-3.45) were more likely to report a history of sexual IPV than other groups. Among victims of physical and sexual IPV, 9.9% and 9.6% sought help, respectively, and transgender and gender non-conforming individuals were the most likely to seek help (physical IPV: 30.8%, sexual IPV: 28.6%). Hawai'i's LGBT community has an extremely high prevalence of IPV and a very low prevalence of help-seeking behavior. This translates into a large number of victims who are left without support. Additional research is needed to fully understand the details of IPV within Hawai'i's LGBT community and the barriers to help-seeking so that potential solutions may be identified.

Keywords

ALOHA Study, intimate partner violence, LGBT, public health

Abbreviations

ALOHA = Assessing LGBT Violence in Hawai'i

CI = confidence interval

HSGMHR = Hawai'i Sexual and Gender Minority Health Report

IPV = intimate partner violence

LGBT = lesbian, gay, bisexual, and transgender

NHPI = Native Hawaiian/Pacific Islander

OR = odds ratio

TGNC = transgender and gender non-conforming

US = United States

Introduction

The Centers for Disease Control and Prevention describes intimate partner violence (IPV) as a serious, preventable problem that includes physical violence, sexual violence, and/or psychological violence by a current or former intimate partner.¹ More than 1 in 3 women (37.3%) and 1 in 4 men (30.9%) have experienced IPV in their lifetime.³ Many survivors experience long-term physical and psychological health effects, includ-

ing depression, anxiety, substance abuse, sexually transmitted infections, and pregnancy.³ In the United States (US), the estimated lifetime cost of IPV is \$103,767 per female victim and an economic burden of \$3.6 trillion to society which includes health costs, lost productivity, and criminal justice activities.⁴

In Hawai'i, IPV among the state's general population has been analyzed by age, race, income, education, and county. IPV is most often reported by multiracial persons (16.1%), whites (15.5%), and Native Hawaiians (14.8%).⁸ Other risk factors for IPV include young age, low income, low education, and pregnancy.⁸ Although the state's prevalence of IPV (11.9%) is lower than that of the US (31%-37%), the sequelae of IPV should not be overlooked.^{3,8} The state reported that 12% of misconduct incidents and 38.7% of murders were related to IPV.⁹

Historically, discussions surrounding lesbian, gay, bisexual, and transgender (LGBT) IPV have been silenced by the community due to fear that publicizing would further stigmatize this group of minorities.⁵ Today, awareness of LGBT IPV is growing, and organizations dedicated to supporting survivors. Research has consistently demonstrated that LGBT individuals have a higher lifetime prevalence of IPV than the general US population.^{5,6} Transgender and gender non-conforming (TGNC) individuals are at particularly increased risk of IPV, with reported percentages as high as 54%.⁷

Hawai'i has the fifth highest proportion of LGBT-identifying individuals among the 50 states, with 4.6% of the population identifying as LGBT;¹⁰ yet a paucity of data exists on the state's LGBT community. The ALOHA (Assessing LGBT Violence in Hawai'i) Study is the first-ever, detailed investigation of IPV among Hawai'i's LGBT community. The primary outcome is to determine the prevalence of IPV in Hawai'i's LGBT community. Secondary outcomes are to determine the prevalence of help-seeking behavior, the association between incidence of IPV and various subject demographics (age, race, gender, and sexual orientation), and the association between help-seeking behavior and subject demographics.

Methods

This was a cross-sectional study. Inclusion criteria included Hawai'i residents who were at least 18 years of age and self-identified as LGBT. All subjects were offered a \$5 gift card as compensation for their participation.

From October 2017 to January 2018, surveys were distributed in both electronic and paper form. Written consent was obtained prior to initiating paper surveys. For online surveys, consent was obtained by proceeding with the survey after reading the consent. Online surveys were advertised through popular social media websites, including Facebook® and Instagram®, and data was collected using SurveyMonkey®. Paper surveys were distributed at LGBT-friendly venues, such as LGBT-focused health care clinics, LGBT student centers on college campuses, and the Honolulu Pride Festival. Of the 569 completed surveys, 92 surveys were excluded for subject ineligibility or improperly completed surveys, such as non-LGBT-identifying individuals or unanswered questions. As a result, 477 surveys were included in the study and data analysis.

The survey included questions about demographic information and experience with IPV (Figure 1). Physical IPV was defined as a current or former partner who has “ever hit you, hurt you physically, or threatened to do so.” Sexual IPV was defined as a current or former partner who has “ever forced you or pressured you to have sex, perform sexual acts against your will, pressured you to not use birth control when you wanted to use it, pressured you to continue a pregnancy when you didn’t want to or to have an abortion when you didn’t want to have one, or went beyond what you were comfortable with without your consent.”

1. Are you a resident of Hawaii? ☐ Yes ☐ No

2. What is your age? _____

3. What is your race/ethnicity? (Please select all that apply.)

- ☐ Caucasian
- ☐ African American
- ☐ Hispanic
- ☐ Chinese
- ☐ Japanese
- ☐ Filipino
- ☐ Other Asian
- ☐ Pacific Islander
- ☐ Native Hawaiian
- ☐ Other (please specify): _____

4. How do you describe your gender? (Please select only ONE.)

- ☐ Cisgender male
- ☐ Cisgender female
- ☐ Transgender: male-to-female
- ☐ Transgender: female-to-male
- ☐ Gender non-binary (genderqueer, fluid, etc.)
- ☐ Intersex
- ☐ Other (please specify): _____

5. How do you describe your sexual orientation? (Please select only ONE.)

- ☐ Straight
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual or pansexual
- ☐ Asexual
- ☐ Queer
- ☐ Other (please specify): _____

6. Has a current or former partner ever hit you, hurt you physically, or threatened to do so?

- ☐ N/A, I've never been in a relationship before
- ☐ No
- ☐ Yes
 - If yes, did you seek help? ☐ Yes ☐ No
 - If yes, where did you seek help? (Ex: friends, family, a specific organization): _____

7. Has a current or former partner ever intentionally caused you emotional distress? Threaten to leave the relationship? Made hurtful verbal remarks either in private or in public?

- ☐ N/A, I've never been in a relationship before
- ☐ No
- ☐ Yes
 - If yes, did you seek help? ☐ Yes ☐ No
 - If yes, where did you seek help? (Ex: friends, family, a specific organization): _____

8. Has a current or former partner ever forced you or pressured you to have sex, perform sexual acts against your will, not use birth control when you wanted to use it, pressured you to continue a pregnancy when you didn't want to when you didn't want to have one, or went beyond what you were comfortable with without your consent?

- ☐ N/A, I've never been in a relationship before
- ☐ No
- ☐ Yes
 - If yes, did you seek help? ☐ Yes ☐ No
 - If yes, where did you seek help? (Ex: friends, family, a specific organization): _____

Figure 1. The ALOHA Study Survey

Data were analyzed using IBM SPSS Statistics for Windows, Version 25 (IBM Corp., Armonk, NY). Due to the limited number of Native Hawaiians and Pacific Islanders, these subjects were pooled together and analyzed as one group. A multiracial group was created from subjects who identified with more than one race. Associations were analyzed using Pearson's Chi-Square test and logistic regression. Statistical differences were considered significant at $P < .05$.

This study was reviewed by the University of Hawai'i Institutional Review Board. Due to the low risk nature of this survey-based study, it was deemed exempt from federal regulations pertaining to the protection of human research participants, protocol number 2017-00795. Identifying information was not recorded.

Results

A total of 477 surveys were included in the study. A majority of surveys were completed online. Subjects ranged from 18 to 90 years old, with a mean age of 30.5 years. The most common races were white (36.5%), Native Hawaiian/Pacific Islander (NHPI; 26.2%), and multiracial (12.2%). A majority of subjects identified as cisgender (male: 53.7%, female: 39.6%), while

6.7% identified as transgender/non-binary/other. With regards to sexual orientation, 54.9% of subjects identified as gay, 36.1% as lesbian, and 16.6% as bisexual/pansexual/queer/other (Table 1).

The overall prevalence of IPV was 68.8%. When categorized by type of IPV, the percentages of physical and sexual IPV were 54.1% and 49.3%, respectively (Figure 2). A total of 167 subjects (35.0%) reported both physical and sexual IPV, while 137 subjects (28.7%) reported neither physical nor sexual IPV.

There was a significant association between physical IPV and race ($P < .01$, Figure 3). Blacks were most likely to report a history of physical IPV (OR=4.93, 95%CI: 1.95-12.47). Among subjects who reported a history of physical IPV, 9.9% sought help. Among those subjects who sought help, 98.0% sought support from family and/or friends. There was a significant difference between the prevalence of help-seeking and gender identity ($P = .03$). Transgender/non-binary/other subjects were most likely to seek help for physical IPV (30.8%), followed by cisgender males (22.9%), then cisgender females (11.4%).

There were significant differences in the prevalence of sexual IPV by race ($P < .01$), gender identity ($P < .01$), and sexual orientation ($P < .01$). Blacks (OR=.49, 95%CI: 1.31-5.47) and

Demographics	Hawai'i LGBT Population - ALOHA Study % (n)	Hawai'i General Population %	US LGBT Population %	US General Population %
Age (years)				
18-25	14.6% (69)	7%	61%	9%
26-35	72.2% (342)	13%		12%
36-45	11.0% (52)	25%		26%
46-55	2.1% (10)		39%	
≥56	0.8% (4)	31%		29%
Race				
White	36.5% (174)	26%	69%	61%
Black	8.2% (39)	2%	11%	12%
Hispanic	9.4% (45)	11%	13%	18%
Asian	7.1% (34)	38%	4%	1%
Native Hawaiian/Pacific Islander	26.2% (125)	10%	Unknown	<1%
Multiracial	12.2% (58)	27%	2%	3%
Gender Identity				
Cisgender male	53.7% (256)	Unknown	Unknown	Unknown
Cisgender female	39.6% (189)	Unknown	Unknown	Unknown
Transgender/non-binary/other	6.7% (32)	0.8%	Unknown	0.6%
Sexual Orientation				
Gay	54.9% (262)	Unknown	38%	1.6%
Lesbian	36.1% (172)	Unknown	33%	
Bisexual/pansexual/queer/other	16.6% (79)	Unknown	29%	0.6%

LGBT=lesbian, gay, bisexual, and transgender. US=United States. Data adapted from: United States Census Bureau, 2018, The Williams Institute, 2016, and National Health Interview Survey, 2013

NHPIs (OR=2.14, 95%CI: 1.30-3.52) were the most likely races to report sexual IPV (Figure 3). Cisgender females were the most likely gender to report sexual IPV (OR=2.27, 95%CI: 1.49-3.45) (Figure 3). Among subjects who reported a history

of sexual IPV, 9.6% sought help; among those subjects who sought help, 93.3% sought support from family and/or friends (Figure 2). There were no significant differences in help-seeking behaviors for sexual IPV among subgroups.

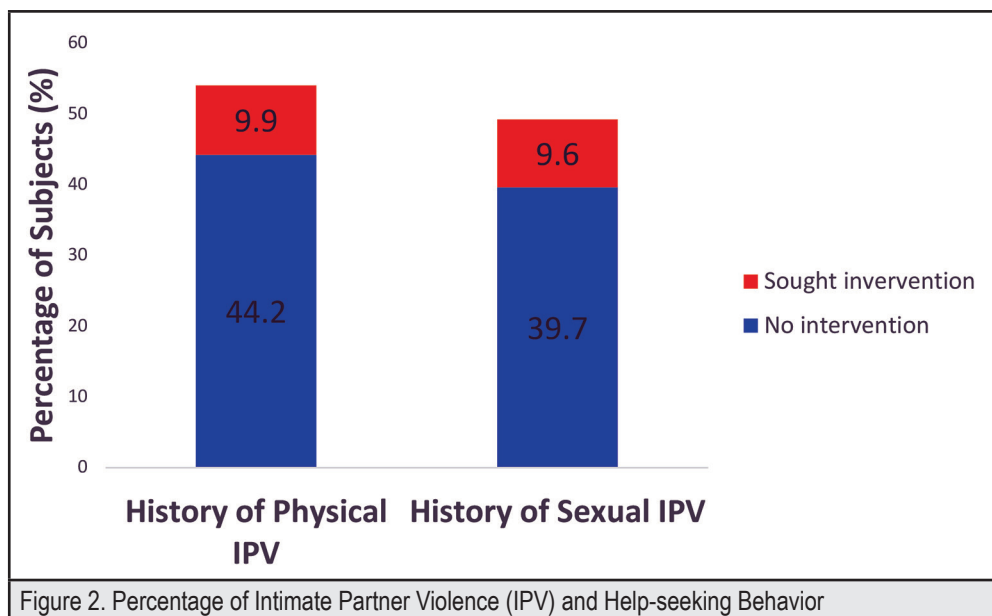


Figure 2. Percentage of Intimate Partner Violence (IPV) and Help-seeking Behavior

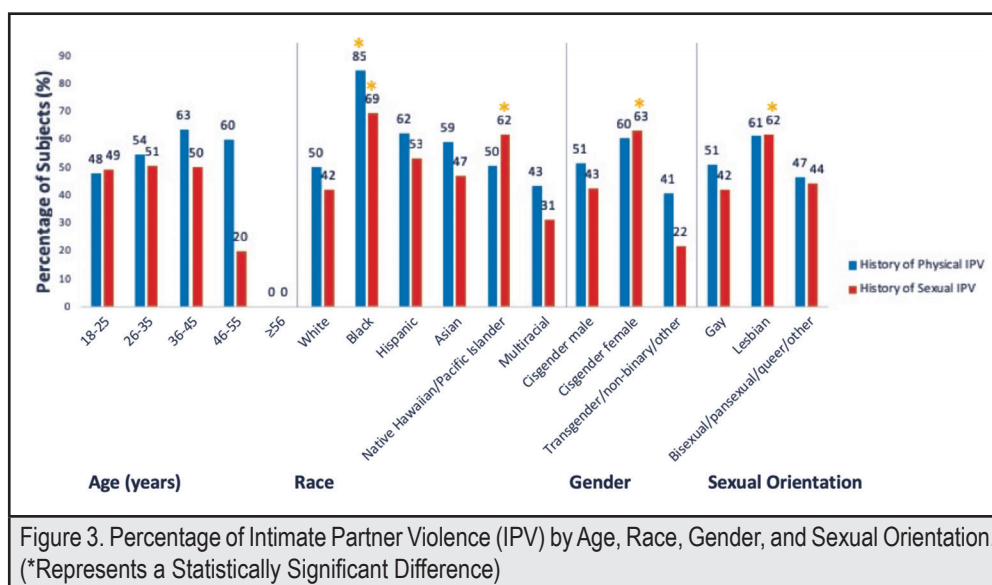


Figure 3. Percentage of Intimate Partner Violence (IPV) by Age, Race, Gender, and Sexual Orientation. (*Represents a Statistically Significant Difference)

Discussion

Demographics of Hawai‘i’s LGBT Community

Hawai‘i ranks fifth in the nation for the highest percentage of LGBT-identifying residents.¹⁰ However, a paucity of demographic information exists on this community, particularly with respect to IPV. The ALOHA Study reports an overall IPV percentage of 68.8% and further characterizes IPV in this understudied but significant population.

A majority (71.7%) of the study population ranged between 26 and 35 years old, with a mean age of 30.5 years. This age distribution reflects a shift in the US LGBT population, as the number of LGBT-identifying individuals from the millennial generation has drastically increased and the mean age of the US LGBT population has decreased.¹¹ A recent study by the Gay & Lesbian Alliance Against Defamation found that millennials are more accepting of LGBT individuals than older generations which would explain this population shift.¹² Overall, this demographic change likely represents recent changes in the US political and social climate surrounding LGBT rights and equality.

Hawai‘i has a unique racial composition due to its rich multi-cultural history and geographic isolation in the Pacific Ocean. The distribution of certain racial groups in the ALOHA Study reflects the US LGBT population more closely than the state’s general population. For example, Asians are the largest racial group in Hawai‘i (37.7%) but represent only 7.1% of the study population, which is similar to both the general and LGBT US population (5.8% and 4%, respectively).¹³⁻¹⁵ NHPis have a disproportionately high percentage in the study population (26.2% versus 10.2% in Hawai‘i’s general population).

Hawai‘i leads the nation with 0.8% of the population identifying as transgender.^{10,16} Transgender individuals represent 5.3% of the study population while non-binary, genderqueer, and other individuals represent 1.4% of this population. TGNC subjects represented a larger than expected portion of the study’s demographics, which could be attributed to an increased online presence among TGNC subjects given a majority of surveys were completed online.^{17,18} The gender composition of the US LGBT population is unknown.

With regards to sexual orientation, the US LGBT community is equally distributed among gays (38%), lesbians (33%), and bisexuals (29%).¹⁴ In the ALOHA Study, there was an increased presence of gays (54.9%) and a decreased presence of bisexual, pansexual, queer, and other individuals (16.6%). Additional demographic research is needed.

Intimate Partner Violence

To date, only one previous study has examined the prevalence of IPV within Hawai‘i’s LGBT community. The *Hawai‘i Sexual and Gender Minority Health Report (HSGMHR)* reviews the history of LGBT rights in Hawai‘i and presents data on health care access, general health, mental health, and violence from a “few thousand” surveys.¹⁸ The ALOHA Study is the first-ever study to characterize IPV among Hawai‘i’s LGBT community in detail.

The ALOHA Study found a very high percentage of IPV (overall IPV: 68.8%, physical IPV: 54.1%, sexual IPV: 49.3%). The study’s IPV percentage was similar to that of the US LGBT population (overall IPV: unknown, physical IPV: 57%, sexual IPV: 40%)⁸ and markedly higher than that of the general Hawai‘i (overall IPV: unknown, physical IPV: 10-12%, sexual IPV: 4%),⁷ and US (overall IPV: 31-37%, physical IPV: 28-32%, sexual IPV: 16%)³ populations (Table 2). LGBT respondents of the ALOHA Study were 5 and 10 times more likely to report physical and sexual IPV, respectively, than the general Hawai‘i population. Social and structural marginalization of LGBT individuals creates unique vulnerabilities that place these individuals at high risk for IPV and may impact LGBT people’s ability to seek help when they do experience IPV. Various theories have been proposed to explain the higher prevalence of IPV among the LGBT population. The Theory of Same Sex Battering postulates that societal discrimination and oppression deters LGBT victims from reporting IPV, allowing perpetrators to isolate survivors and to continue violence without fear of negative consequences.²⁰ The lack of help-seeking behavior and reporting found in the ALOHA Study is likely influenced by the Theory of Same Sex Battering and will be discussed later in detail. The Minority Stress Theory describes a chronic external stress experienced by socially marginalized individuals, which may then transform into internalized minority stress and contribute to IPV.^{21,22} For example, external stressors, such as discrimination and hate

Table 2. Percentage of Intimate Partner Violence (IPV) by Population					
Prevalence	Hawai‘i LGBT Population		Hawai‘i General Population	US LGBT Population	US General Population
	ALOHA Study	Minority Health Report			
Overall IPV	68.8%	Unknown	Unknown	Unknown	31%-37%
Physical IPV	54.1%	21%	10%-12%	57%	28%-32%
Sexual IPV	49.3%	10%	4%	40%	16%

crimes, can transform into internal stressors, such as internalized homophobia, which subsequently increases a person's risk for both IPV perpetration and victimization.²³

The reported prevalence of IPV was noticeably lower in *HSGMHR* (overall IPV: unknown, physical IPV: 21%, sexual IPV: 10%) than the ALOHA Study (Table 2).¹⁹ *HSGMHR* was based on a telephone survey which may have introduced a social desirability bias, selecting for patients who are indifferent about anonymity. Anonymity and privacy are essential when studying socially taboo topics to ensure that individuals feel safe reporting their experiences without fear of repercussion. For this reason, the ALOHA Study used the internet as one of the major modes for survey distribution. The ALOHA Study used wording to encompass all forms of IPV, including commonly overlooked and dismissed acts such as slapping and reproductive coercion. Regardless, *HSGMHR* consistently demonstrates that Hawai'i's LGBT community is at higher risk for IPV than the state's general population and that more research is needed on this serious inequity.

Blacks and NHPs are known to be at high risk for IPV,^{3,8} and Hawai'i's LGBT community is no exception. The ALOHA Study found that blacks and NHPs were more likely to report LGBT IPV than other races (black physical IPV: OR=4.93, 95%CI: 1.95-12.47; black sexual IPV: OR=2.49, 95%CI: 1.31-5.47; NHP sexual IPV: OR=2.14, 95%CI: 1.30-3.52). The percentages of physical and sexual IPV among LGBT blacks in the ALOHA Study were 5 and 2.5 times the percentages of physical and sexual IPV among the rest of the study population, respectively, and 2 times the percentage of sexual IPV among blacks in the general US population (35.5%).³ The percentage of sexual IPV among LGBT NHPs in the ALOHA Study (61.6%) was similar to LGBT blacks in the study population and 2 times the percentage for NHPs in Hawai'i's general population. LGBT blacks and NHPs experienced IPV at percentages that were disproportionately higher than the general Hawai'i and US populations. Limited racial data exists on the US LGBT population. Race and LGBT-identity are closely interconnected and have a combination and likely synergistic effect of increasing a person's risk for IPV. This racial disparity is particularly concerning given the state's large NHP population and the high prevalence of LGBT-identifying NHPs.

When analyzed by gender and sexual orientation, cisgender females were the most likely to report sexual IPV. The reported prevalence of physical IPV was also high in this group but not significantly different from the rest of the study population. Similarly, *HSGMHR* and the National Intimate Partner and Sexual Violence Survey found that lesbians are more likely to report physical IPV than heterosexual women.^{3,19} Interestingly, findings from the ALOHA Study on IPV in Hawai'i's TGNC community differ from the national literature. The literature reports TGNC persons to be at a very high risk of IPV, even compared to cisgender LGBT persons, with percentages as high

as 54%.⁷ Within the study population, TGNC subjects reported the lowest percentages of IPV (sexual: 21.9%, physical: 40.6%) which may be attributed to the *māhū*'s celebrated and respected status as a third gender in traditional Hawaiian culture.²⁴

Help-Seeking Behavior

The ALOHA Study is the first-ever study to investigate IPV help-seeking behavior in Hawai'i's LGBT community. The study found that a limited number of victims seek help (physical IPV: 9.9%, sexual IPV: 9.6%). For those who sought help, they almost exclusively sought help from family and friends (physical IPV: 98.0%, sexual IPV: 93.3%) while a few turned to private therapy and the police.

In general, victims of IPV tend to avoid help-seeking. Calton et al proposes 3 barriers to help-seeking specifically among LGBT victims: (1) a limited understanding of LGBT IPV, (2) stigma, and (3) systemic inequities.²³ More research is needed to fully understand the scope of the problem in this understudied population, including how IPV develops and is maintained in LGBT relationships. This is important because LGBT IPV often has power and control tactics that are unique and specific to marginalized identities, such as threatening to disclose one's identity and using homophobia/transphobia. Stigma, the second barrier, refers to the victim's fear of being stigmatized if that person were to seek help, in addition to the stigma held against victims by support providers. Many victims feel further victimized by IPV shelters, first responders, and health care providers due to provider ignorance, insensitivity, and bias. As a result, family and friends are the most commonly used support providers,^{5,6,25} and the ALOHA Study's findings are consistent with this. Systemic inequities, the third barrier, refers to mistrust in the legal system and a lack of protection provided by the law. For example, many victims of IPV will petition for protection orders, but state-specific statutes can prevent LGBT victims from even applying for protection. Help-seeking among LGBT IPV victims is a complex multifaceted issue that needs to be addressed from multiple different angles.

The ALOHA Study found that TGNC individuals were the most likely to seek help for IPV (sexual: 28.6%, physical: 30.8%). This relatively high prevalence of help-seeking behavior likely attributes to their relatively low prevalence of IPV. It is uncertain what advantage the TGNC community has over the rest of the LGBT population with regards to IPV. Potential explanations include a small, close-knit community that supports and empowers each other, in addition to positive attitudes surrounding gender that can be found in traditional Hawaiian culture.

Strengths and Limitations

Strengths of the ALOHA Study include the survey's design and distribution. The survey was comprised of multiple-choice questions for subject ease of use, but also included free text for

additional answers given the complexity of people's identities. The study's large sample size can be attributed to effective survey distribution. Distribution was maximized by using both paper and electronic versions and by targeting multiple LGBT-friendly venues. The survey was advertised and easily accessible via the internet. Also, given the social stigma associated with LGBT-identity and IPV, anonymity was essential to the survey and likely increased subject response rate and reporting accuracy.

A limitation of the study, as with all survey-based studies, was selection bias. Individuals with a history of IPV could be potentially more inclined to participate in the survey as a result of personal interest, or they could be potentially less inclined due to negative experiences. While this study attempts to capture the entire LGBT community of Hawai'i, it most likely under-represents subjects who are at the highest risk for IPV. High risk subjects include persons of low socioeconomic status without internet access, like the homeless and mentally ill. Another limitation of the survey is the lack of emotional forms of IPV, which is a very important subtype of IPV since LGBT control tactics revolve around homophobia/transphobia.

Future research will be expanded to inquire about emotional IPV, education level, and socioeconomic status. Geographic information will also be collected to determine prevalence of IPV by island and to compare prevalence of IPV in rural versus urban settings. Nearly all help-seeking subjects turned to their family and friends for support, but the reason for this phenomenon is unknown. The next survey will inquire about the public's knowledge of available resources, and why subjects decide to use or disregard specific resources. An assessment of the community's needs will also be incorporated in future studies.

Conclusion

In conclusion, IPV is common among Hawai'i's LGBT community. This community has an extremely high prevalence of IPV and a very low prevalence of help-seeking behavior. This translates into a large number of victims who are left without support. Additional research is needed to fully understand the details of IPV within Hawai'i's LGBT community so that potential solutions may be identified.

Conflict of Interest

The authors have no actual or potential conflicts of interest.

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Authors' Affiliations:

- Department of Obstetrics, Gynecology, and Women's Health, University of Hawai'i at Mānoa, Honolulu, HI (JWHW, VVL, SR)
- School of Nursing and Dental Hygiene, University of Hawai'i at Mānoa, Honolulu, HI (SEL)

Correspondence to:

Jennifer W.H. Wong MD; 1319 Punahou Street Suite #824 Honolulu, HI 96826;
Email: jwhwong@hawaii.edu

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